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1/15/2005 NNGUYEN2 00000043 10608255					Zurvan Mahamedi (Depositor's name				
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APPLICATION NO.	FILING DATE	T	FIRST NAME	D INVENTO	DR .	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/608,255	06/27/2003						P107	8350	
APPLN. TYPE nonprovisional	SMALL ENTITY YES		ISSUE FEE		LICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
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EXAMINER TARRELL OF THE CONTROL OF T		ART UNIT		CLA	SS-SUBCLASS				
•	. ZARROLI, MICHAEL C 1. Change of correspondence address or indication of "Fee A			2839 4					
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)								
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